

TAG # \_\_\_\_\_

City of Vergas  
APPLICATION FOR CAT / DOG LICENSE

Date of Application: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Sex: Female   
Male

Altered: Yes   
No

License Fee collected:  Neutered or Spayed \$8.00/ pet  
 Unaltered \$10.00/pet

Documentation of vaccination for the following are required:  
Rabies DATE: \_\_\_\_\_ 1<sup>st</sup> & 2<sup>nd</sup> vaccination -1YR, After every 2 years  
Distemper DATE: \_\_\_\_\_ Annually

**License expires December 31, of the year of issuance.**

VACCINATION ON FILE AT: \_\_\_\_\_